

TRANSMITTAL  
FORM

APR 03 2006

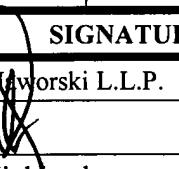
		Application Number:	09/998,009
		Filing Date:	November 28, 2001
		First Named Inventor:	Marina Konopleva
		Art. Unit:	1635
		Examiner Name:	R. Cook
Total Number of Pages in this Submission:		Attorney Docket Number:	

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings(s) _____	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Statement under 37 CFR §3.73(b)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Designation of Patent Practitioners	<input checked="" type="checkbox"/> Check in the amount of \$225.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Request for Refund	Deposit account number: 50-1212/UTSC:652US/SLH.
<input type="checkbox"/> References _____	<input type="checkbox"/> CD, Number CD(s) _____	<input type="checkbox"/> Sequence Statement
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Paper Copy of Sequence Listing
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		<input type="checkbox"/> Computer Readable Form (CRF)
<input type="checkbox"/> Reply to Missing Parts/Requirements		<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Declaration(s) _____		
<input type="checkbox"/> Copy of Notice of Missing Parts/Requirements		

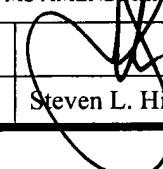
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Signature			
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Date	March 30, 2006		

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature	
Typed or Printed Name	Steven L. Highlander
Date	March 30, 2006